

CHESTERFIELD COUNTY PLANNING DEPARTMENT

SITE/DEVELOPER MEETING REQUEST / CONFIRMATION

Date: _____

(Company)

Additional Contact Person

(Contact Name)

(Telephone)

(Fax)

Meeting Requested (Check one):

Preliminary Site Plan

Table Revision

(NOTE: All Revisions must be highlighted)

Minor Site Plan

Site Information:

Project Name: _____

Proposed Use: _____ Zoning: _____

Table Revision: Site Plan # _____ Minor Site Plan # for Resubmittal: _____

Required Information for Preliminary Meetings:

Tax ID: _____ Site Address: _____

Owner Name and Phone # _____

.....
**TO VERIFY TAX ID LISTED ABOVE, ATTACH A MAP IDENTIFYING THE PARCEL. DESIGN
CONSULTANT PREPARING SITE PLAN MUST BE PRESENT AT PRELIMINARY MEETING**

Specify Design Consultant for Preliminary Meeting: _____
.....

Meeting Confirmation:

Meeting Date: _____ Meeting Time: _____

Scheduled by: Marie Stivers Telephone: (804) 768-7485

**Please Note: This meeting will be held at the Robert A. Painter Bldg. (Utilities) in Room 207.
Be advised a Design Consultant must be present at meeting. NOTE: meeting will be canceled
if Design Consultant is not specified and/or a plat or map does not accompany the preliminary
request form within 5 days of meeting. For the team to provide better customer service,
please bring as much information to the preliminary meeting as possible (i.e., sketch, layout).**

**Please complete this form on-line, print it and fax it, along with
attachments, to MARIE STIVERS in the Planning Dept. at (804) 717-6295 or
call Marie at (804) 768-7485. Thank you.**